Introduction:
Preparing for pandemic influenza situation involves the preparation of a venue pandemic response plan, and the execution of that plan in response to different morbidity (rate of sickness) levels in the surrounding area of the venue. This guide is intended to assist in the operations of a venue during a pandemic event. The Department of Homeland Security, the Centers for Disease Control and Prevention, and the Small Business Administration have prepared guidance for the development of pandemic response plans see http://www.cdc.gov/h1n1flu/business/guidance/ and http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_h1n1.pdf.

This guide provides key steps and activities for venue managers to consider, review and discuss for the operation of their venue during a pandemic situation. Most importantly, it should stimulate thinking. The lists and tables are provided as examples and are intended to be expanded, copied, or adapted. Links to a number of resources are included to assist venue managers in preparation of their pandemic response plan and the operation of the venue during a pandemic influenza situation.

Use this guide in connection with the Pandemic Influenza Operational Review Worksheet.

A. Preparing a pandemic response:
A.1. Create a pandemic team to develop and execute an influenza response plan. Identify a pandemic coordinator with defined roles and responsibilities to develop, maintain and act upon an influenza pandemic preparedness and response plan. The team should be comprised of management, employees, vendors, service providers, and labor/union representatives along with input from state and local health organizations (http://www.cdc.gov/h1n1flu/states.htm).

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<th>Team member</th>
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A Joint Project of DHS and IAAM
September 2009
A.2. The Response Plan should describe the process the venue will employ to obtain relevant up-to-date influenza data from local and state health departments, emergency management agencies, and federal organizations (e.g., CDC, HHS). Use these agencies to track the morbidity of the influenza ([http://www.cdc.gov/h1n1flu/update.htm](http://www.cdc.gov/h1n1flu/update.htm)).

A.3. The pandemic influenza response coordinator should contact local or state health departments to obtain information on coordinating the venue’s plan with other influenza plans.

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<th>Agency</th>
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A.4. The pandemic response team should develop a venue specific influenza response plan ([http://www.pandemicflu.gov/professional/business/smallbiz.html](http://www.pandemicflu.gov/professional/business/smallbiz.html))
through guidance provided by the Department of Health and Human Services, the Centers for Disease Control and Prevention, and state and local health departments.

Response Plan Title

Date issued

Date(s) revised

A.5. Conduct a focused discussion or exercise using the pandemic response plan. Exercising your plan in advance of a call to action will assist in identifying gaps or problems that need to be corrected. The discussion or exercise should involve scenarios that could result in an increase or decrease in demand for the use of the venue during a pandemic (e.g. need for additional hygiene supplies during events, effect of restriction on mass gatherings resulting in cancellation of events, use of venue for emergency operations [triage/morgue]). Exercise around situations likely to require increasing, decreasing or altering the functions your venue provides. Share the influenza response plan with other businesses in the community and local health departments to improve community response efforts.

Exercise date

Gaps/Problems Identified

Correction date

A.6. Establish relationships with emergency response and health care/hospital facilities in order to understand the exposure levels, and capacity for treatment which may influence the venues operations (e.g., closure, shelter).

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A.7. Identify key employees (including full-time, part-time, and unpaid or volunteers) and cross train for continuity of operations. Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities, and who is supposed to report to whom.

(Insert pandemic response organizational structure here. Identify key contacts, backups, and who reports to whom.)

<table>
<thead>
<tr>
<th>Employee</th>
<th>Primary Position</th>
<th>Cross Trained Position</th>
<th>Training Date</th>
<th>Availability for Alternate Duties</th>
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A.8. Identify key suppliers and contractors required by location and function to maintain business operations. Establish methods to coordinate shipments and workforce arrangements during pandemic influenza.

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<th>Contractor</th>
<th>Service or Supply</th>
<th>Contact Information</th>
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A.9. Utilize the information identified above to establish a communications plan for staff, suppliers, and contractors. This plan should identify key contacts (with back-ups), chain of communications (including suppliers, contractors and event managers), and processes for tracking and communicating venue operations and employee status.

A.10. Review critical equipment (HVAC, fire pumps, emergency generator(s)) standard maintenance and repair schedules, maintenance history, to ensure all essential and critical pieces are capable of sustained operation with the supply and maintenance resources available on site or in reserves.

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<th>Maintenance due</th>
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<th>Part(s) on hand (   ) Y (   ) N</th>
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A.11. Consider wording in venue contracts for events that occur during influenza season to allow event postponement or cancellation based on “triggers” (e.g., venue staff level, state/local health departments’ closure recommendations from local/state governments, alternative operations (e.g., triage, morgue, and shelter).

For example:
Force Majeure

A.12. Prepare for alternative operations such as clinics, triage locations, quarantine facility, or morgue. Utilize the IAAM Mega Shelter Guide to define type of shelter, activation, staffing, contracts/agreements, operation, and termination.

A.13. Plan how to utilize your accounting processes to track influenza related expenses. Develop actions to identify and track all pandemic influenza specific costs for each phase of the influenza pandemic preparedness and create a response plan to facilitate decision making concerning prioritizing and allocating business resources. Use the accounting process to monitor costs during pandemic phases both to reprioritize resources, and to validate costs for later reviews and possible compensation.
B. **Evaluate your capabilities for response:**

Utilize the Response Plan during normal operating conditions to address the following issues in preparation for a pandemic influenza situation.

B.1. Establish a baseline for sick leave taken by staff to define increase from H1N1. Review staff sick leave records to determine historical absences. Monitor absences against that baseline to use as a “trigger” for and assessment of the impact of sick leave absences on the venue’s operations.

B.2. Review and modify as appropriate sick leave policy/procedures and health care plan for relevancy to H1N1.
   
   a. Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.
   
   b. Consider essential actions to ensure staff and family’s protection and demonstrate plans for their medical support. Collaborate with insurers, health plans, and health facilities.
   
   c. Evaluate employee access to and availability of healthcare services during a pandemic.
   
   d. Evaluate staff’s access to and availability of mental health and social services during a pandemic, including venue, community/local government, and faith-based resources.

B.3. Educate staff on:
   
   a. Influenza symptoms ([http://cdc.gov/h1n1flu/sick.htm](http://cdc.gov/h1n1flu/sick.htm)),
   
   b. Care for family members with influenza ([http://cdc.gov/h1n1flu/guidance_homecare.htm](http://cdc.gov/h1n1flu/guidance_homecare.htm)),
   
   c. “Stay at home” criteria, and “return to work” criteria ([http://www.cdc.gov/h1n1flu/guidance/exclusion.htm](http://www.cdc.gov/h1n1flu/guidance/exclusion.htm)).
   
   d. Develop a list of workplace questions and answers that are venue specific ([http://www.pandemicflu.gov/faq/workplace_questions/index.html](http://www.pandemicflu.gov/faq/workplace_questions/index.html)).
B.4. Identify possible work-related personal contact scenarios and modify to reduce exposure (http://www.osha.gov/Publications/employers-protect-workers-flu-factsheet.html).

   a. Ticket takers, bag searchers, ushers should wear protective coverings (e.g., facemasks and latex gloves).

   b. Custodial staff (e.g. latex gloves, protective covering, bodily fluid cleanup kits).

   c. Medical and first aid staff

   d. Evaluate the venue’s usual operational activities and event execution to identify those activities that should be modified to reduce the spread of influenza from person to person.

B.5. Identify staff at higher risk for complications of exposure:

   Pregnant women (http://www.cdc.gov/h1n1flu/pregnancy/),

   Heart disease (http://www.cdc.gov/h1n1flu/heart.htm),

   Chronic medical conditions (http://www.cdc.gov/flu/about/disease/symptoms.htm)

   Review work or duty assignments. Encourage employees to consult with their doctor, ask for accommodation regarding duty assignments, altering work location or schedule, use of leave (vacation), etc.

B.6. Stockpile items such as soap, tissue, hand sanitizer, cleaning supplies and recommended personal protective equipment. When stockpiling items, be aware of product’s shelf life and storage conditions (e.g., avoid areas that are damp or have temperature extremes) and incorporate product rotation (e.g., consume oldest supplies first) into the stockpile management program.

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C. **Response to pandemic influenza situation**

Develop operating contingencies based on staff illness, and geographical spread of the influenza (e.g. not affecting the venue’s immediate customer area but impacting nearby communities, impacting immediate customer area).

C.1. How venue will operate with reduced staff, making changes to duty assignments, work schedules, and task priorities.

   a. Review staffs’ tasks and modify to encompass additional responsibilities, as well as limiting/reducing exposure to others.

   b. Educate staff on influenza symptoms and “screen” staff each morning for symptoms.

      - Fever (usually high),
      - Headache,
      - Extreme tiredness,
      - Dry cough,
      - Sore throat,
      - Runny or stuffy nose,
      - Muscle aches, and
      - Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults.

C.2. How will venue function when influenza is affecting surrounding areas?

   a. Display CDC, state and local posters/signage throughout the venue ([http://www.cdc.gov/flu/freeresources/print.htm](http://www.cdc.gov/flu/freeresources/print.htm)),

   b. Ensure communication methods (e.g., posters, signage, and public announcements) are culturally and linguistically appropriate.


   d. Social distancing (e.g., keep a distance of at least 6 feet from the ill person),

   e. Exclusion of customers with influenza symptoms:

      - Fever (usually high),
      - Headache,
      - Extreme tiredness,
Dry cough,
Sore throat,
Runny or stuffy nose,
Muscle aches, and
Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults,

f. Clean all areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, handrails, and food preparation and serving areas) routinely (e.g., daily, as needed); use cleaning agents that are usually used in these areas.


Cleaning products [http://www.epa.gov/oppad001/influenza-disinfectants.html](http://www.epa.gov/oppad001/influenza-disinfectants.html)

Cleaning Surfaces [http://www.flu.gov/professional/hospital/influenzaguidance.html](http://www.flu.gov/professional/hospital/influenzaguidance.html)


g. Clean cooking utensils in dish washer or with soap and hot water. Utilize disposable food service and eating utensils whenever possible. Provide appropriate disposal receptacles.

h. Practice frequent cleaning of bathrooms and ensure adequate supplies of soap, alcohol-based hand cleaners, and paper towels.

i. Public announcements on influenza prevention, and social distancing/face-to-face contact. Advise customers to not attend events if experiencing influenza symptoms and/or they have been exposed to someone with influenza symptoms.

j. Provide accessible infection control supplies (e.g., hand-hygiene products, tissues and receptacles for their disposal) in staff working areas and locations accessible to customers.

k. Review staffs’ tasks and modify to encompass additional responsibilities, as well as limiting/reducing exposure to others.

l. Alternate venue operation(s) (e.g., staging area, command center).
C.3. How venue will function when influenza is directly affecting immediate area.

a. Triggers for closing venue due to staff/contractor illness and/or lack of operational supplies (e.g., predetermined staff level absences, or predetermined absence of key staff).

b. Closure is directed by state/local health department(s).

c. Alternate venue operation(s) (e.g., clinic, triage location, or morgue).
D. **Return to Normal Operations:**
Terminate the venue specific influenza response plan through a phased approach based on “triggers” identified in the response plan (e.g., reduction in staff absenteeism, state and local health agency guidance).

D.1. Assess ability and criteria that need to be met to resume normal operations and provide notification of activation of the business resumption plan.

D.2. Identify specific activities to prepare venue to return to a normal operation status (e.g., cleaning and disinfecting, supplies and materials, staff communications and scheduling, announcements and public information, coordination and communication with clients and event operators).

D.3 Conduct post-pandemic review of response and revise plan as needed.